

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/557400

FILING DATE

05 OCT 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3	↓	↓	↓		
TOTAL DEP.	11	↔	↔	↔		
TOTAL CLAIMS	14	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.			↓			
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████

BEST AVAILABLE COPY